

# 2010 FORM A

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(Please submit to the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, NV 89502, no later than January 15, 2011. Include any applicable Sentinel Event Report Forms.)

THIS REPORT IS CONFIDENTIAL AND NOT SUBJECT TO SUBPOENA OR DISCOVERY, AND NOT SUBJECT TO INSPECTION BY THE GENERAL PUBLIC.

**FOR THE CALENDAR YEAR FROM 1 JANUARY 2010 TO 31 DECEMBER 2010, I PERFORMED SURGERIES/PROCEDURES REQUIRING CONSCIOUS SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA AS LISTED AND DESCRIBED BELOW:**

(These surgeries/procedures were performed in my Nevada office, or in facilities other than those listed on pages two (2) and three (3) of the instructions and on Form B.) Use a blank sheet of paper if additional space is required.

## 1. Conscious Sedation

Print name of surgery or procedure:

Exact number (how many):

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## 2. Deep Sedation

Print name of surgery or procedure:

Exact number (how many):

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### 3. General Anesthesia

Print name of surgery or procedure:

Exact number (how many):

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_____	_____
_____	_____
_____	_____
_____	_____

REPORT ANY SENTINEL EVENT ON THE SENTINEL EVENT FORM  
AND ATTACH TO THIS FORM A.

REMEMBER TO SIGN BELOW, AND TO SIGN EACH SENTINEL EVENT  
REPORT FORM, IF APPLICABLE.

Print Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_